

## CHAPTER 6

### State Plan Provisions and Information Requirements

In Chapter 6, NJ's State Strategic Plan on Aging specifically addresses Section I, "State Plan Information Requirements", of the Older Americans Act of 1965, as amended in 2000. In doing so, it is responsive to Attachment B of the Program Instruction AoA-PI-05-02, which requires that State plans include information specified in Sections 102, 305, 307, and 705.

#### SECTION 102 (19)(G)

DACS provides the following in-home services that are not already defined in Section 102(19):

##### 1. Visiting Nurse Services

- **Service Unit:** Each visit.
- **Service Definition:** Services designed to maintain older persons in their own residences or community-based settings by providing skilled nursing services or therapy, thereby avoiding or deterring the need for hospitalization or institutionalization.

##### 2. Hospice Care

- **Service Unit:** Each hour.
- **Service Definition:** A community-based concept of care in which an organized team provides pain relief, symptom management, and supportive services to terminally ill older persons and their families.

##### 3. Emergency Services

- **Service Unit:** Each contact.
- **Service Definition:** Services designed to provide assistance to an older person in those situations where an emergency exists and it is not possible to obtain immediate aid through existing social service agencies.

#### SECTION 305(a)(2)(E)

DACS provides assurance that, although all persons aged 60+ are eligible for aging network services, preference is given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals<sup>1</sup>.

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<sup>1</sup> See Section 307(a)(3)(B) pertaining to the fact that the State of NJ has no areas that meet the definition of "rural".

DACS uses its Targeting Policy as a primary method of carrying out this preference, and the 21 AAAs in NJ use a wide variety of methods for this purpose (see Attachments E and F, “Methods of Carrying Out NJ’s Preference for Providing Services to Target Populations”).

## **OLDER ADULT POPULATION TREND IN NEW JERSEY**

In 2003, minority older adults aged 60+ comprised 20.6% of the 1,509,900 older adults in NJ. This population is projected to grow substantially in the near future as the baby-boom generation (those born between 1946-1964) ages. By 2025, the population in this age group is projected to number nearly 2.5 million<sup>2</sup> (see Profile in Chapter 1 for details regarding older adults aged 60+ in NJ).

## **TARGET POPULATION RELATED TO MINORITIES**

DACS has updated its racial/ethnic categories for reporting purposes, as outlined below. The category of “Non-Minority” includes all persons not considered a minority according to the four categories below. These categories apply to all income levels.

1. **African American:** A person having origins in any of the black racial groups of Africa.
2. **Hispanic:** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
3. **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa and the Hawaiian Islands.
4. **American Indian:** A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. This category includes both American Indian and Alaskan Native.

## **TARGET POPULATION WITH GREATEST ECONOMIC NEED**

In 1999, poverty rates in NJ were 5.8% for non-Hispanic Whites, 8.0% for Asian and Pacific Islanders, 16.5% for non-Hispanic Blacks, 16.6% for American Indians and Alaska Natives, and 17.5% for Hispanics and Latinos<sup>3</sup>. The categories of poverty for NJ reporting purposes are as follows:

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<sup>2</sup> Source: “A Profile of New Jersey Older Adults Aged 60+ Years, April 2005,” Center for Health Statistics, Office of the State Epidemiologist Public Health Services, New Jersey Department of Health & Senior Services.”

<sup>3</sup> Source: “A Profile of New Jersey Older Adults Aged 60+ Years, April 2005,” Center for Health Statistics, Office of the State Epidemiologist Public Health Services, New Jersey Department of Health & Senior Services.

1. **Minority Poverty:** Unduplicated breakdown of new minority clients for the quarter, who are at or below the poverty level set by United States Bureau of the Census. Currently, DACS refers to the most recent policy Memorandum regarding the poverty level.
2. **Non-Minority Poverty:** Unduplicated breakdown of new non-minority clients for the quarter, who are at or below the poverty level set by the United States Bureau of the Census. Currently DACS refers to the most recent policy Memorandum regarding the poverty level. *The number reported in this category cannot exceed the total of the unduplicated clients identified in the non-minority category.*

### **TARGET POPULATION WITH GREATEST SOCIAL NEED**

The categories of frail/disabled and vulnerable populations for NJ reporting purposes appears below. Both categories apply to all population groups regardless of minority status. The frail/disabled category also applies to all population groups regardless of income.

1. **Frail/Disabled:** Unduplicated breakdown of new frail/disabled clients who meet the following definition established by the Federal Administration on Aging:
  - Persons aged 60+ having a physical or mental disability, including having Alzheimer's disease or a neurological or organic brain disorder of the Alzheimer's type, that restricts the ability of an individual to perform normal daily tasks or which threatens the capacity of an individual to live independently.
2. **Vulnerable:** Unduplicated breakdown of new vulnerable clients who meet the following definition established by the Federal Administration on Aging:
  - Persons aged 60+ exposed to unfavorable environmental conditions, as well as persons aged 60+ with a lack of social resources, which may include the following:
    - (a) Income levels between 100-200% of the poverty level
    - (b) Language barriers
    - (c) Isolation
    - (d) No informal support system
    - (e) Not previously within service system.

### **TARGETING POLICY**

DACS has a written policy on targeting, consistent with the requirements of Section 305(a)(2)(E). The goal of the policy is to substantially increase the number of target population served by the aging network and other community programs. In an effort to accommodate the diversity of the State's 21 AAAs, the policy was developed with an emphasis on flexibility. To the extent possible, the policy takes into account the individual nature of each AAA and the varied environments in which they each operate.

To meet the upcoming challenges in serving the increasing numbers of target population, NJ will:

- Assess differences in service needs among minority groups.
- Evaluate the effectiveness of DACS interventions with AAAs.
- Measure progress toward targeting goals at the local level.
- Evaluate progress toward state and national objectives.

### **SECTION 307(a)(2)(C)**

As required, DACS has specified a minimum proportion of the Title IIIB funds received by each AAA in NJ to carry out Part B that will be expended on access, in-home services, and legal assistance, as follows:

- 10% for access services
- 10% for in-home services
- 5% for legal assistance

### **SECTION 307(a)(3)(A)**

### **HISTORY**

The Intra-State Funding Formula (IFF) for the distribution of Title III funds of the Older Americans Act as implemented in NJ was developed in 1992 by a task force comprised of representatives of DACS and NJ's 21 AAAs. The Assistant Secretary for Aging approved the funding formula DACS is currently using as part of the 2002-2005 State Plan on Aging. It includes a minimum allocation to ensure that each Planning and Service Area (PSA) has a functioning AAA.

The allocation formula is used for Title IIIB (Social Services), Title IIIC-1 (Congregate Meals), Title III C-2 (Home Delivered Meals), Title III-E, as well as State Weekend Home Delivered Meals, SHTP, APS, COLA and State Area Plan Contract Matching Funds. The funding formula for title III-D adds medical factor rankings by County.

### **FORMULA**

The current funding formula, the one that was approved as part of the 2002-2005 State Plan, will remain in effect for the 2005-2008 State Plan. Please see the formula for a full year in Attachment I, entitled "Midyear Amendment".

1. For those AAAs that are in minimum funded counties, minimum allocation is defined as the minimum amount of funding needed in each title in order to ensure that each PSA has a functioning Area Agency on Aging.
2. For those AAAs that are **not** in minimum funded counties, the formula is as follows:

The allocation for each program is calculated as  $Z \times Q$ .

**Z** = NJ's 2005 allocation minus the sum of minimum-funded counties

**Q** = The AAA funding index  $S+M+P$

**S** = The % of those age 60+ in each PSA x weight factor **A**

**M** = The % of those age 60+ and minority in each PSA x weight factor **B**

**P** = The % of those age 60+ and low-income in each PSA x weight factor **C**

## **WEIGHT FACTORS**

The formula above includes three weighted factors related to the number of individuals aged 60+, the number of minority individuals aged 60+, and the number of low-income individuals aged 60+ in each of the PSAs, as defined below.

**A** = 0.65 (60+)

**B** = 0.15 (60+ and minority)

**C** = 0.20 (60+ and low-income)

Based on these weighted factors, **Q** is calculated as  $((S \times .65) + (M \times .15) + (P \times .2))$ .

The most recent census data is applied to the factors above periodically in order to accurately reflect each PSA's population breakdown.

In order to insure that the weight factors are still relevant, DACS examined current spending patterns as they relate to each weighted factor of the funding formula. It was determined that the weight factors as developed by the 1992 task force are still relevant and current expenditures are in line with these weight factors (see Exhibit 14).

## **SECTION 307(a)(3)(B)**

### **DEFINITION OF "RURAL"**

As defined by the U.S. Census Bureau, "Urban" and "Rural" are "type-of-area concepts rather than specific areas on maps." As these concepts are complex and lend themselves to interpretation by different agencies, DACS continues to define them broadly, using the following characteristics to define rural areas:

1. Open country which is not part of or associated with a metropolitan area, or
2. Areas which are not contained within a Standard Metropolitan Statistical Area.

Based on this definition, DACS has determined that New Jersey, the most densely populated State in the nation, does not have any "Rural" areas.

**AGING POPULATION PROFILE BY COUNTY IN NJ  
COMPARISON OF 1990 AND 2000 US CENSUS DATA**

County	1990 Total 60+	2000 Total 60+	Increase/ (Decrease)	1990 Minority 60+	2000 Minority 60+	Increase/ (Decrease)	1990 Poverty 60+	2000 Poverty 60+	Increase/ (Decrease)	1990 % of Funding	2000 % of Funding	% Change
Atlantic	44,491	44,781	290	7,197	9,085	1,888	4,496	3,419	(1,077)	3.6327%	3.3333%	-0.2995%
Bergen	172,992	173,897	905	10,759	23,493	12,734	8,452	7,575	(877)	10.6863%	10.9312%	0.2449%
Burlington	59,319	70,008	10,689	6,274	10,664	4,390	2,935	2,492	(443)	3.9291%	4.3329%	0.4038%
Camden	82,462	82,197	(265)	10,876	15,131	4,255	6,428	4,929	(1,499)	6.1243%	5.7107%	-0.4137%
Cape May	25,404	26,234	830	1,080	1,178	98	2,011	1,431	(580)	1.6661%	1.5889%	-0.0772%
Cumberland	24,672	24,726	54	3,221	5,138	1,917	3,006	2,297	(709)	2.0354%	1.9453%	-0.0901%
Essex	128,265	125,044	(3,221)	39,209	55,161	15,952	16,393	10,906	(5,487)	12.9678%	11.2625%	-1.7053%
Gloucester	35,804	38,931	3,127	3,873	4,264	391	2,436	2,006	(430)	2.5068%	2.4672%	-0.0395%
Hudson	94,151	92,226	(1,925)	11,585	41,641	30,056	13,199	10,594	(2,605)	8.0262%	8.9710%	0.9448%
Hunterdon	15,151	16,780	1,629	213	556	343	669	490	(179)	0.8496%	0.9034%	0.0538%
Mercer	56,928	57,089	161	8,764	11,866	3,102	3,979	3,513	(466)	4.2658%	4.0620%	-0.2038%
Middlesex	110,640	119,933	9,293	8,547	20,710	12,163	6,552	5,334	(1,218)	7.2192%	7.8118%	0.5926%
Monmouth	98,780	100,503	1,723	9,104	11,858	2,754	6,223	5,170	(1,053)	6.6634%	6.4137%	-0.2497%
Morris	64,650	73,933	9,283	3,016	6,678	3,662	2,601	2,733	132	3.7872%	4.3495%	0.5623%
Ocean	129,772	136,367	6,595	1,887	5,078	3,191	6,740	6,034	(706)	7.4759%	7.8651%	0.3891%
Passaic	77,875	77,267	(608)	7,629	19,080	11,451	7,164	5,248	(1,916)	5.7286%	5.7812%	0.0526%
Salem	12,473	12,013	(460)	1,779	1,793	14	1,299	578	(721)	1.0020%	0.7776%	-0.2244%
Somerset	39,606	44,289	4,683	2,640	5,289	2,649	1,437	1,521	84	2.3693%	2.6481%	0.2788%
Sussex	16,679	18,247	1,568	184	712	528	809	654	(155)	0.9441%	1.0174%	0.0733%
Union	98,284	92,422	(5,862)	12,351	24,389	12,038	6,880	5,571	(1,309)	7.0895%	6.8312%	-0.2583%
Warren	16,721	16,895	174	228	614	386	1,229	841	(388)	1.0305%	0.9960%	-0.0345%
<b>TOTALS</b>	<b>1,405,119</b>	<b>1,443,782</b>	<b>38,663</b>	<b>150,416</b>	<b>274,378</b>	<b>123,962</b>	<b>104,938</b>	<b>83,336</b>	<b>(21,602)</b>	<b>1.0000</b>	<b>1.0000</b>	<b>(0.0)</b>

**SECTION 307(a)(8)(B) and (C)**

DACS recognizes that case management is currently being provided by AAAs in NJ and authorizes them to continue to provide case management services. Likewise, DACS authorizes NJ's AAAs to continue to directly provide information and assistance and outreach services.

**SECTION 307(a)(10)**

With respect to assurances pertaining to older adults in rural areas, please see the response to section 307(a)(3)(B) above.

While NJ has no "Rural Areas", *per se*, there are areas of farmland in some of NJ's PSAs. This represents a challenge for the AAAs with regard to outreach and the provision of services. The AAAs have developed creative methods of providing services in these circumstances, including the following examples:

- Frozen home delivered meals
- Telecare/Telehealth
- Medication monitoring systems
- Phone reassurance for individuals who are outside of a central town community

In response to the AoA Program Instruction requiring a copy of Area Plans for a large urban or suburban Area agency and for a small, rural Area Agency, we have included Area Plans for the Bergen AAA (large) and the Warren AAA (small) (see Attachments J and K).

**SECTION 307(a)(15)(A) and (B)**

In 1999, there were 40,911 low-income minority older adults in NJ<sup>4</sup>. Some of the methods used to satisfy the service needs of low-income minority adults are outlined in the discussion of DACS's Targeting Policy. *See response to Section 305(a)(2)(E) in this chapter* and highlights of AAA activities in *Attachments F and G*.

In addition, DACS includes several standards in the Area Agency on Aging Annual Assessment Procedures tool used for yearly assessments of each AAA. This is helpful to identify how each AAA specifically identifies the target population and provides outreach services to underserved and isolated older adults in its county (see Attachment G).

In the Planning and Program Development section of the standards, there is a requirement that each AAA analyze current service utilization data to ensure that the target populations were served proportionately to the county's demographics. Other standards are as follows:

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<sup>4</sup> Source: 2000 Census Special Tabulation, Center for Health Statistics, Profile of Older Adults Aged 60+, April 2005.

- The AAA makes an effort to include minority service providers in the RPF process.
- The AAA has the ability to meet their targeting goals and specify outreach to the target population.
- The AAA establishes methods to collect and utilize accurate demographic and cultural data for racial and ethnic groups in the service area and become informed about the ethnic/cultural needs, resources and assets of the surrounding community.

DACS also partners with the Office of Faith-Based Initiatives and the NJ Office of Minority and Multicultural Health to offer informational sessions targeted to minority providers on how to access Older American Act funds.

### **SECTION 307(a)(21)(B)**

The State provides assurances that DACS will pursue activities to increase access by older individuals who are Native Americans to all of the aging programs and benefits it provides, including programs and benefits provided under Title III.

In 2000, NJ had a total of 1,388 Native Americans aged 60+<sup>5</sup>. In 2004, Older Americans Act programs served an estimated 441 Native Americans. See Exhibit 15 for a listing of outreach methods that increase access to aging programs for Native Americans.

### **SECTION 705(a)(7)(1-6)**

In order to receive an allotment under this subtitle, the State of NJ and DACS provide the required assurances, as outlined below.

1. **Compliance with Requirements:** The State provides assurance that it has and will establish programs in accordance with the requirements of this chapter.
2. **Obtain Others' Views:** The State provides assurance that it has and will hold public hearings and use other means to obtain the views of older individuals, AAAs, recipients of grants under Title VI, and other interested persons and entities regarding programs carried out under this subtitle.
3. **Prioritize Activities to Assure Access:** The State provides assurance that, in consultation with AAAs, it has and will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

**Aging and Disability Resource Connection (ADRC):** New Jersey's ADRC will establish "one door" access to both publicly and privately funded long-term care services and benefits for senior citizens, adults with physical disabilities, and their caregivers. An integrated system of information and referral, options, and counseling services will provide the consumer with access to websites, resource directories, benefit screening tools, and applications. Culturally-appropriate materials will be developed to address language and cultural barriers (see details in Chapter 3, Priority 1, Goal 1).

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<sup>5</sup> Source: 2000 U.S. Census, Special Tabulation on Aging.



**Methods of Carrying Out NJ's Preference for Providing Services to Target Populations:  
Highlights of AAA Services and Outreach to American Indians****ATLANTIC**

- Small population of 67 over the age of 60
- Ongoing contacts with housing complexes to reach out to American Indians.

**BERGEN**

- Multicultural events and health fairs
- Farmers' Market

**BURLINGTON**

- Mailing literature
- Outreach contact and presentations

**CAPE MAY**

- Only 21 American Indians registered via the census

**CUMBERLAND**

- Maintain contact with American Indian organizations
- Representation of American Indians in AAA outreach coordination efforts
- Speaking engagements and information distribution

**MONMOUTH**

- Information and Assistance services provided

**OCEAN**

- Language in contracts with all service providers, re: targeting minorities in proportion to the population
- Coordination with churches, community organizations, schools, key informants

**PASSAIC**

- Distribute information at the Pow Wow in West Milford

**SALEM**

- Door to door and tax list
- Contact with Indian Council

**SUSSEX**

- Visits to senior housing complexes, homebound clients, as well as outreach to the elderly at flu clinics and health screenings
- Staff will work closely with the Division of Social Services and other human service agencies within Sussex County

**WARREN**

- All senior network partner agencies will be trained to accomplish generic outreach
- Continues to partner with church
- Maintains an active alliance with the county-based senior services network. Area medical doctors and professionals are contacted regularly
- Disseminates the county newsletter to older adults who reside in the county
- Continues to work with Municipal officials and the County's Council of Seniors, Inc.

**Transportation:** In 2004, DACS served 15,825 clients in NJ with \$5,578,370 through its transportation services. In addition, it served 6,869 clients with \$917,166 through its assisted transportation services. The State of New Jersey is committed to improving coordination of transportation services for older adults (see details in Chapter 3, Priority 1, Goal 5).

4. **Do Not Supplant Funds:** As demonstrated in the Certification of Maintenance of Effort (OMB NO. –0980-0009), which is submitted to AoA on a yearly basis, the State and DACS provide assurances that the funds provided under this subtitle are in addition to and do not supplant any existing Federal or State or local funds.
5. **Ombudsman:** The State of New Jersey and its Division of Aging and Community Services do not designate local Ombudsman entities.
6. **Prevention/Protection Services:** The State assures that the State Office of the Ombudsman for the Institutionalized Elderly will, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3, conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities.

## **ADULT PROTECTIVE SERVICES (APS)**

The Adult Protective Services Act in NJ (52:27D-406 et seq.) mandates the following:

- A comprehensive public awareness program is to be established. The Committee for Advocacy, Rights and Education operates as a sub-committee of the New Jersey Commission on Aging and is charged with public awareness and education.
- Each of the 21 county APS provider agencies receive reports of elder abuse, neglect or exploitation and intervene on behalf of the vulnerable adult.
- Crisis interventions involve referrals to county boards of social services, county offices on aging, and other social service agencies to assist individuals with necessary services.
- When appropriate, referrals are made on behalf of the vulnerable adult to law enforcement and county prosecutors.

**No Coercion:** The State will not permit involuntary or coerced participation in the APS services described above by alleged victims, abusers, or their households.

**Confidentiality:** All information gathered in the course of receiving reports and making referrals shall remain confidential except for allowable exceptions, as described in Section 705(a)(7)(6)(C).